

Section 7412. High Tech Nursing Rule
August 27, 2015

Section 7412. Medicaid Eligibility For High Tech Nursing Services

Section 7412.1 Definitions

- a. "High tech nursing" is medically necessary care for technology dependent individuals living with complex medical needs; exceeding the care provided by skilled nursing visits in frequency, duration, and complexity; outside the scope of practice of a home health aide or personal care attendant; and furnished to an individual in their home as an alternative to a hospital, nursing home or intermediate care facility.
 - Examples of high tech nursing may include: Daily continuous or intermittent mechanical ventilation (via tracheotomy, BiPAP, or CPAP); Tracheotomy and/or unstable airway requiring nursing assessment and intervention; a documented illness or disability, which requires ongoing skilled observation, monitoring and judgement to maintain or improve health status of a medically fragile or complex condition.
 - Examples of care or services not considered "high tech nursing" include: custodial care, respite care, observational care for emotional and behavioral conditions, eating disorders, or for medical conditions that do not require medically necessary intervention by skilled nursing personnel.
 - Use of a medical device alone does not qualify a beneficiary for high tech nursing.
- b. "Medical Necessity" shall have the same meaning as Rule 7103.
- c. "Needs Assessment" means a standardized assessment tool, established by the State, updated as necessary, to assist in the determination of medical necessity and service allocations for high tech nursing.
- d. "State Authorized Clinical Provider" means a licensed or certified healthcare provider authorized to administer the needs assessment.
- e. "Technology dependent" means the use of medical devices without which, if they were to fail or be discontinued, adverse health consequences and hospitalization would likely follow.
- f. "Qualified Medical Provider" means a physician, nurse practitioner, or physician assistant in a treatment relationship with a beneficiary.

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Section 7412.2 Determination of High Tech Nursing

- A. To receive high tech nursing services the following requirements must be met:
 - a. An individual is referred by a qualified medical provider;
 - b. A case manager has met with the applicant, caregivers, physicians, and hospital staff, to determine the scope of services;
 - c. The individual undergoes a needs assessment by a state-authorized clinical provider to determine eligibility for services;
 - d. The needs assessment tool documents the individual is technology dependent with at least one complex medical need exceeding the level of care that can be provided by skilled nursing visits;
 - e. High tech nursing services are prior authorized according to Rule 7102;
 - f. High tech nursing services are delivered by a Medicaid contracted home health agency or visiting nurse association in accordance with Rule 7103.
- B. Subsequent Assessments:
 - a. Shall occur at the request of the State or the Beneficiary when necessitated by a change in the medical needs of the Beneficiary.
 - b. Shall occur at least annually.

Section 7412.3 Nursing Services

- a. High Tech Nursing Services shall be provided by a Registered Nurse, Licensed Practical Nurse, or Licensed Nursing Assistant with additional training, who is employed by a Medicaid contracted home health agency or visiting nurse association. When possible, the beneficiary or the child's parent or guardian shall choose the home health agency or visiting nurse association.
- b. Nursing case management shall be provided by a Registered Nurse or Licensed Practical Nurse who is employed by a Medicaid contracted home health agency or visiting nurse association.
- c. Services shall be individualized, person-centered, and shall be provided exclusively to the authorized individual
- d. Payment for services shall not exceed the units authorized and unused service units may not be carried forward.